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Name of Patentee Robert From	Docket Number (Optional)
Patent Number 6949077/	Date Patent Issued 09 /27 / 05
Anti Spasticity Device	
Thereby disclaim the following complete claims in the above identified patent: Claims Hyrough and Including 73	
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The fee for this disclaimer is set forth in 37 CFR 1.20(d).	
Patentee claims small entity status. See 37 CFR 1.27.	
Small entity status has already been established in this case, and is still proper.	
A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
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Signed at 404 But less Dr. State of N.C. t	his 15th day of July 2009
Signature	Registration Number, if applicable
Robert K. Froom	• •
Typed or printed name of patentee/ attorney or agent of re	ecord Telephone Number
404 Butler DR. Garner NC, 27529 Address	
·	
City, State, Zip Code or Foreign Country as applicable	

This collection of information is required by 37 CFR 1.321. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.